



Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety and Inspections
APPLICATION FOR AUTHORIZATION TO PURCHASE
ELEVATOR MEDICAL EMERGENCY KEY

Mail to: Office of Public Safety and Inspections, Attn: Elevator Supervisor, 1 Ashburton Place,
Room 1301, Boston, MA 02108

INSTRUCTIONS

To obtain an elevator medical emergency key, submit this application to Office of Public Safety and Inspections, Attn: Elevator Supervisor, 1 Ashburton Place, Rm 1301, Boston, MA 02108. Illegible or incomplete applications will not be accepted. If approved, it will be returned to you with a signature indicating that you have been authorized to purchase a key. You may take the second page of the signed application to any authorized Medeco retailer to purchase a key (authorized Medeco dealers may be located at www.medeco.com).

The key may not be duplicated or transferred. Improper use or dissemination of the key may result in disciplinary action. If a key holder become unlicensed/uncertified, they must turn the key over to OPSI.

BACKGROUND INFORMATION

NAME: _____
(First) (Middle Initial) (Last)

HOME ADDRESS: _____
(Street) (City) (State) (Zip)

DAYTIME TELEPHONE: (____) _____ EMAIL: _____

I AM A (check one box and insert information)

☐ MA Licensed Elevator Mechanic – License # _____

☐ MA Emergency Medical Technician – Certification # _____

ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

**SUBMIT THIS FORM TO AN AUTHORIZED MEDECO RETAILER FOR THE PURCHASE OF ONE MEDECO
ELEVATOR MEDICAL EMERGENCY KEY (Key Code #6R64142)**

FOR OFFICE OF PUBLIC SAFETY AND INSPECTIONS USE ONLY

In accordance with 524 CMR 17.40 (2) (c), the individual identified below is hereby authorized to purchase a Medeco elevator medical emergency key (key code #6R64142).

APPROVED BY: (Name) _____

(Signature) _____

DATE OF REVIEW: _____

NAME OF APPLICANT: _____

MA ELEVATOR MECHANIC LICENSE: # _____

MA EMT CERTIFICATION: # _____

☐ APPLICANT IS CURRENTLY LICENSED/CERTIFIED

ASSIGNED KEY NUMBER: _____